

STATE OF MARYLAND
(MONTGOMERY COUNTY)

PLEASE PRINT !

APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE LICENSE

NOTE: This application must be filed between 2/1/11 and 3/31/11 with the Office of the Board of License Commissioners for Montgomery County, 16650 Crabbs Branch Way, Rockville, Maryland. Licensees filing late applications during the month of April may be fined an amount not to exceed \$50 for each day the application is late. **NO RENEWAL APPLICATIONS WILL BE ACCEPTED AFTER APRIL 4, 2011 !!!**

For the Use of: (Circle One) Individual Partnership Corporation Ltd. Liability Co. (LLC)

(1) Name of Licensed Premises _____
(Business Telephone #) _____

(2) Address of Licensed Premises: _____

(3) Current License #: _____ (4) Facility website (if any) _____

(5) Hours of operation: _____

TO THE BOARD OF LICENSE COMMISSIONERS FOR MONTGOMERY COUNTY:

Each of the applicants listed below applies for renewal of the license now held, and submits the following required information in support of renewal:

(6) Applicant(s): Each applicant must provide name, home address, and home or cell phone number:

a. _____
(Name) (Home Address/Zip Code)

(email address) (Home Telephone #)

b. _____
(Name) (Home Address/Zip Code)

(email address) (Home Telephone #)

c. _____
(Name) (Home Address/Zip Code)

(email address) (Home Telephone #)

(7) Are you applying for catering privileges (available only to BBWL licensees): ____YES ____ NO

(8) Are you requesting continued approval for an outdoor café previously approved by the Board of License Commissioners? (check one): ____ YES ____ NO

NOTE: APPROVAL FOR A NEW OUTDOOR CAFÉ MUST BE DONE SEPARATELY BY APPLICATION TO THE BOARD.

(9) Who is currently in active charge of the business? (list applicant(s) or general manager):

(10) Who will be in active charge of the business from May 1, 2011 to April 30, 2012?

**NOTE: FINGERPRINT CARDS & PHOTO MUST BE
SUBMITTED FOR ANY MANAGER WHO HAS NOT PREVIOUSLY SUBMITTED THEM.**

(11) Name of Corporation (IF APPLICABLE): _____

Address of corporation: _____

(a) Stockholders:

Name/Address _____ Shares Owned: _____

Name/Address _____ Shares Owned: _____

Name/Address _____ Shares Owned: _____

Name/Address _____ Shares Owned: _____

(12) Name of Ltd. Liability Co. (IF APPLICABLE): _____

Address of LLC: _____

(a) Percentage ownership interest of entire LLC:

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

(13) Name of Partnership (IF APPLICABLE): _____

Address of Partnership: _____

(a) Percentage ownership interest of all general partners:

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

Name/Address _____ Percentage: _____

- (14) Are there any changes to the facts and information set forth in the original application upon which the present license was issued? (such as **address change(s), applicant name(s) change, change of licensees, criminal convictions, change in percentage of ownership, change in corporate officers, floor plan/layout, etc.**)

YES () No () If YES, EXPLAIN on a separate sheet of paper.

ALL APPLICANTS MUST SIGN IN FRONT OF A NOTARY UNDER SECTIONS a, b, or c BELOW

The (a), (b), or (c) signature lines must correspond to the person(s) listed on Item (4), first page.

(a) _____
(Signature of Applicant)

(b) _____
(Signature of Applicant)

(c) _____
(Signature of Applicant)

(d) _____
*(Signature of President or Vice-President)

NOTE: *IF FILED AS A CORPORATE APPLICATION, THE PRESIDENT OR VICE PRESIDENT MUST ALSO SIGN ON LINE (d) ABOVE, IN ADDITION TO SIGNING AS AN APPLICANT ON LINE (a), (b), OR (c). THE SIGNATURE ON LINE (d) MUST ALSO BE NOTARIZED BELOW.

State of _____

County of _____

I hereby certify, that on this _____ day of _____, in the year _____ before the subscriber, a notary public of the state of _____, personally appeared: (a) _____, (b) _____, (c) _____, and (d) _____ the above named in this renewal application, who made oath in due form of law that the matters and facts contained in said application are true and correct.

Witness my hand and official seal:

SEAL

Signature of Notary Public

Printed Name of Notary Public

My commission Expires: _____

COMPLETE IF YOUR CURRENT LEASE RUNS THROUGH OR BEYOND 4/30/2012:

STATEMENT OF LICENSEE RE: LEASE

If this statement is not completed, the attached Statement of Owner of Premises (page 5) must be completed.

Date: _____

I/We hereby certify that I/We have a lease with _____
(Name of Property Owner)

(Address & Phone Number of Property Owner)

expiring _____ for the property named in the foregoing renewal application for
(date)
Alcoholic Beverage License made by _____ to the Board
(Applicant/s)

of License Commissioners and that I/We hereby authorize the State Comptroller, his duly authorized deputies, inspectors, and clerks; the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officers of said County to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(Signature of Applicant)

State of _____
County of _____

I hereby certify that on this _____ day of _____, in the year _____ before the subscriber, a notary public of the state of _____ personally appeared: _____, the above named in this lease statement, who made oath in due form of law that the matters and facts contained in said statement are true and correct.

Witness my hand and official seal:

Signature of Notary Public

SEAL

Printed Name of Notary Public

My Commission Expires: _____

**COMPLETE ONLY IF YOUR LEASE EXPIRES BEFORE APRIL 30, 2012,
OR IF YOU OWN THE PROPERTY:**

STATEMENT OF OWNER OF PREMISES

If this statement is not completed, the attached Statement of Licensee (page 4) must be completed.

Required in connection with Alcoholic Beverage Laws of Maryland:

I/WE HEREBY CERTIFY that I/WE are the owner(s) of the property known as

_____ located at _____
(facility name) (address)
_____ named in the foregoing renewal application

made by _____ to the Board of License
(applicant)
Commissioners.

Under the Alcoholic Beverage Laws of Maryland: That I/We assent to the granting of the license applied for, that I/We hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officers of said county to inspect and search, without warrant, the premises upon which the business is to be conducted, at any and all hours.

Witness: _____ (Property Owner) _____
(PRINT NAME)
(Signature) _____
(Address) _____
(Phone Number) _____

Date: _____

Extract from Section 16-501 of Article 2B of the Annotated Code of Maryland: ***“If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof, shall be subject to the penalties provided by law for that crime.”***

ELECTION OF OFFICERS FORM
CORPORATE MINUTES

I, _____ hereby certify that the following
(Name of Applicant)

named individuals are the present officers of _____
(Corp. Name)

_____.

President _____
(Name)

Vice-President _____
(Name)

Secretary _____
(Name)

Treasurer _____
(Name)

Signature of Applicant

Printed Name _____

Title

Date

LIMITED LIABILITY COMPANY
ORGANIZATIONAL RESOLUTION

I, _____ hereby certify that the following
(Name of Applicant)

named individuals are the AUTHORIZED PERSONS of

(Limited Liability Company Name)

Authorized Person _____
(Name)

Authorized Person _____
(Name)

Authorized Person _____
(Name)

Signature of Applicant

Printed Name_____

Title_____

Date _____

FOR BEER, WINE & LIQUOR , CLASS B, or B-K LICENSEES ONLY:

RATIO AFFIDAVIT

I/We hereby attest, under the penalty of perjury, that the gross receipts from the sale of alcoholic beverages in the hotel/restaurant - hotel/motel for the twelve month period immediately preceding the application for renewal did not exceed the gross receipts from the sale of food.

(Signature of Applicant)

(Printed Name of Applicant)

(Title)

State of _____

County of _____

I hereby certify that on this _____ day of _____, in the year _____ before the subscriber, a notary public of the state of _____ personally appeared: _____, the above named in this ratio affidavit, who made oath in due form of law that the matters and facts contained in said affidavit are true and correct.

Witness my hand and official seal:

Signature of Notary Public

SEAL

Printed Name of Notary Public

My Commission Expires: _____

AFFIDAVIT OF STATE TAX OBLIGATIONS

I/We hereby agree to keep current all state and local tax obligations including, but not limited to, state sales and use taxes, withholding taxes, and admissions taxes.

Maryland State Sales Tax Account Number: _____

Signature of Licensee

Printed Name of Licensee

Date

State of _____

County of _____

I hereby certify that on this _____ day of _____, in the year _____ before the subscriber, a notary public of the state of _____ personally appeared: _____, the above named in this tax affidavit, who made oath in due form of law that the matters and facts contained in said affidavit are true and correct.

Witness my hand and official seal:

Signature of Notary Public

SEAL

Printed Name of Notary Public

My Commission Expires: _____